HIV/AIDS RFA Background: 01/14/04

I. RFA TITLE

Zambian HIV/AIDS Prevention, Care and Treatment Program

II. BACKGROUND

The following provides background information on current Zambian Health issues and the USAID/Zambia Health program.

III. A. The Country Context

Since 1991, Zambia has undergone a political transition from decades of one-party autocracy to multi-party democracy. Fundamental economic liberalization and structural reform programs have accompanied this political transformation. Zambia's political and economic development is constrained by its narrow economic base, historically dependent on copper mining, concentrated ownership of assets, limited foreign and domestic investment, and the legacy of centralized leadership, corruption and high unemployment.

The World Bank estimates Zambia's per capita Gross Domestic Product in 2001 at $350. External debt stood at $7.2 billion in December 2001, with debt servicing absorbing a fifth of the Government's budget revenue. The debt is owed primarily to multilateral institutions. In December 2000, Zambia was approved for debt relief under the Enhanced Debt Initiative for the Highly Indebted Poor Countries (HIPC). Zambia's debt stock is likely to remain unsustainable even with HIPC debt relief.

Zambia's social indicators remain very unfavorable due to the high disease burden, with life expectancy now under 40 years. The HIV/AIDS pandemic continues to ravage every sector of Zambia's economy, with productivity being under-cut by an unhealthy workforce, increased absenteeism, caring for the ill and attendance at funerals. The health system is rapidly becoming overwhelmed with the demands of this epidemic.

Zambia plays an important role in advancing U.S. national interests by contributing to greater stability and prosperity in the Southern African region. Zambia, a young democracy, has been a leader in open-market reform, plays a constructive role in regional efforts, and is making progress in curbing the spread of HIV/AIDS.

IV. B. Health Sector Overview

IV. B.1. Major health issues

While Zambia has seen some positive health trends in recent years, the picture is very mixed and still dominated by the specter of HIV/AIDS. The health problems that present development challenge include:

HIV/AIDS - HIV/AIDS remains an overwhelming development challenge in Zambia. Sixteen percent of Zambian adults are HIV positive. In urban areas, two in five women aged 25-39 are infected. Youth prevalence is much lower but the number of new cases of HIV among youth remains very high. Mother-to-child transmission also contributes

significantly to disease burden. Currently, over 20,000 infants are newly infected each year. In addition to those infected, many others feel the impact of HIV/AIDS. By 2002, 15% of children under 15 had lost at least one parent due to AIDS. In the most recent Demographic and Health Survey, 2001/2 (DHS), adult mortality was found to have increased by 17%, comparing the periods 1997-2002 to 1991-1996.

TB - Zambia has one of the highest case-notification rates in the Southern-African region and is in the midst of a serious TB epidemic that shows no signs that it is abating. This increase is most likely due to the impact of the HIV/AIDS epidemic and subsequent breakdown of TB services. The current TB incidence is estimated at approximately 500 cases per 100,000. The Ministry of Health (MOH) estimates that the number of new TB cases will continue to increase rapidly and reach at least 50,000 per year by 2005. The implementation of the Directly Observed Therapy, Short Course (DOTS) is currently a key priority.

Under-five mortality - Under-five mortality has dropped from 197/1000 in 1996 to 168/1000 in 2001/2. Malaria and HIV/AIDS, compounded by malnutrition, have been the two principal causes of death in this age group. There is speculation that the successful Vitamin A program in Zambia has contributed significantly to the decrease in under-five mortality, despite the high burden of malaria and HIV/AIDS.

Malaria – Malaria incidence has increased at least three-fold over the past two decades and is currently the leading cause of death among children in Zambia, and a major direct and underlying cause of death among adults. The Ministry of Health estimates that, from a population of just over 10 million there are more than 3.5 million malaria clinic out-patient visits and 50,000 deaths per year.

However, the Government's malaria control program is one of the most successful and well-led national programs. In response to the global Roll Back Malaria Initiative, the public and private sectors have collaborated on substantially increasing the availability of subsidized and unsubsidized treated bednets.

Malnutrition – Stunting, found throughout Zambia, has continued to increase and now affects about half of children under-five (47%, up from 40% in 1992). Rates are especially high in northeastern Zambia, where 55% or more of children under-five are stunted. Although mean height for Zambian women is close to average for sub-Saharan Africa, the proportion that are thin are higher than average. Anemia is widespread with 65% of children and 39% of non-pregnant women found to be anemic. Poverty, food insecurity due to HIV/AIDS, unfavorable agricultural policy and production factors, dietary and child feeding practices and disease appear to be the most important factors contributing to malnutrition in Zambia.

Maternal Mortality – Maternal mortality increased from 649/100,000 live births in 1996 to 729/100,000 in 2001/02. Although the vast majority of Zambian women, 93% of pregnant women, receive some antenatal care, the quality is poor and many interventions are not delivered. Most deliveries are not attended by a medically trained health professional and emergency obstetric care is not widely available, especially in rural

areas. Lack of access to such care, limited MCH outreach services and the scarcity of post abortion care services also contribute to the high maternal mortality rate.

Sexually Transmitted Infections (STI) - The 2000 Health Facilities Survey found that sexually transmitted infections (STIs) are a common and serious public health problem in Zambia. Despite the fact that STIs account for 10% of out patient care and 10-15% of ANC attendees test positive for syphilis, health clinic attendees are continually receiving inadequate care. Many patients attending health clinical care facilities for STI treatment are not receiving appropriate case management and are not being provided with appropriate drugs due to stock outages of the drugs.

Family Planning: While family planning and use of modern contraceptive methods have become more widespread, the total fertility rate (TFR) remains high and has declined only slightly to 5.9 live births per woman in 2001/2 compared with 6.1 in 1996. The overall contraceptive prevalence rate (CPR) for modern methods is 23% (urban 39%, rural 14%). Of the methods available in Zambia, (oral contraceptives, IUD, injectables - Depo-Provera and Noristerat, implants, diaphragm and male/female condoms), oral contraceptive pills continue to be most popular method of contraception. Most young people, especially those unmarried, have little or no access to family planning services or interventions.

DHS data show that 27% of adults of reproductive age have unmet need for family planning, the same proportion as in 1996, and that the unmet need for birth spacing is greater than the unmet need for limiting the number of children -17% and 11%, respectively. Rural women have a higher unmet need for family planning - 29% - than urban women -26%, and there are wide provincial disparities in unmet need, which is highest in the Southern and Central Provinces.

IV.B.2. The National Health Strategic Plan, 2001 -2005 (NHSP) and the Sector-Wide Approach

The National Health Strategic Plan, 2001 – 2005 (NHSP) provides the framework for the government's health program and for cooperating partner assistance to the sector, including that of USAID. The vision of the NHSP is "to provide Zambians with equity of access to cost-effective quality health care as close to the family as possible." Areas of focus of the NHSP include: public health priorities (including malaria, HIV/AIDS, integrated reproductive health and child health); a sector-wide approach; improving access to clinical care; the district as key intervention level; gender and health; hospital-sector reform; health care financing; and support functions (including human resources, drugs and infrastructure).

The government is committed to a "Sector-Wide Approach" (SWAp) actively involving bilateral and multilateral partners in collective planning and oversight of the sector. Central to the SWAp concept is the government's desire that cooperating partner support be provided directly through pooled funding arrangements which provide resources for district health services and hospitals. There are plans to soon expand these arrangements to include drugs, human resources and other areas. Many cooperating partners contribute to the pooled funding and several provide the bulk of their health sector support in this

manner. A few, including USAID, continue to provide most of their support directly to program activities.

As part of the implementation of the health reform, the Government of Zambia has made the semi-autonomous body, the Central Board of Health (CBOH), responsible for implementing health services and devolving significant decision-making authority to the District Health Management Teams (DHMTs) and their local health boards, District Health Boards, (DHBs). Provincial Health Offices (PHOs) are part of the CBoH and provide technical support to districts. Each provincial office is staffed with technical specialists and headed by a provincial director. At the community level, Neighborhood Health Committees (NHCs) are active in many areas, serving as an important link between formal health services and the populations they serve.

IV.C. USAID/Zambia Support to the Health Sector - 1998-2003

USAID/Zambia's prior Country Strategic Plan (CSP) (1998-2003) had four Strategic Objectives in the areas of agricultural and private sector (SO1), education (SO2), population, health and nutrition (SO3) and democracy and governance (SO4).

USAID/Zambia's Population, Health and Nutrition (PHN) program was aimed at ensuring "increased use of child health, reproductive health and HIV/AIDS interventions". To this end, its strategic approach was comprised of five activity areas: (1) demand creation; (2) development of community partnerships; (3) development of private sector partnerships; (4) improved performance of the health care system; and (5) support of policy and systems strengthening. Through FY 2003, these activities were carried out primarily under SO3, geared to support improved primary health care in the decentralized GRZ system. The overall technical focus of the USAID PHN program was HIV/AIDS, child health and nutrition, malaria, reproductive health and safe motherhood.

Activities were planned and implemented in close partnership with the GRZ's national bodies, PHOs, DHMTs, the private sector and non-governmental (NGO) and faith-based organizations. Taking all sectors into account, USAID/Zambia supported health activities in all of Zambia's nine provinces. At the central level, USAID/Zambia participated actively in several national Technical Working Groups (TWGs), including those on STI, IEC, Reproductive Health, PMTCT, VCT and Care and Health Care Financing.

Bilateral Support **.-** USAID/Zambia's major bilateral activities within its PHN program included (1) Social Marketing; (2) Behavior Change Communications; (3) Health Services Strengthening; (4) Health Systems Development and (5) Provision of Health Services to Underserved/Hard to Reach Areas. Four of USAID/Zambia's bilateral implementing partners primarily provided support at the central level (MOH/CBOH) for national activities, while also targeting 12 "demonstration districts". A fifth partner sub-granted to four faith-based NGOs to provide community-based primary health care services to underserved areas in four districts.

Central Funding - A large portion of the Mission's support was programmed through centrally-funded mechanisms. These programs complemented the bilateral programs by providing specialized technical assistance and program implementation in key areas such as child survival, HIV/AIDS prevention and service delivery, drug management and

logistics, safe motherhood, reproductive health and support for orphans and vulnerable children (OVCs).

***Participation in the SWAP* -** In addition to the Mission's bilateral and centrally-funded programs, USAID/Zambia strongly supported the GRZ's sector-wide approach to health. USAID/Zambia's contribution to the "District Basket" of up to $2 million per year for health services at the district level and below was covered through a Sector Program Assistance agreement (SPA) 1999-2004. Funds were released to the basket depending on the achievement of previously negotiated health sector performance targets.

IV.D. HIV/AIDS EPIDEMIC AND RESPONSE

IV.D.1. Status and Challenges of HIV/AIDS Epidemic

Zambia is currently experiencing the health, economic and social impacts of a mature HIV/AIDS epidemic. The epidemic has affected all aspects of social and economic growth in the country. It has devastated individual families, weakened all areas of the public sector, and threatens long-term national development. Historical economic disparities between urban and rural areas, chronic nutritional deficiencies compounded by shortfalls of food supplies, continuing gender inequities and an increasing number of HIV/AIDS orphans and vulnerable children add to the epidemic's burden on all sectors. Despite some evidence that the epidemic may have reached a plateau, its effects will continue to require a major multisectoral response from the Government of the Republic of Zambia (GRZ) and collaborating partners for many years to come.

Zambia has excellent data on both sero-prevalence patterns and behavior change. The country now has the results of three major surveys that give insight into the complexity of its HIV/AIDS epidemic: the household-level Demographic and Health Survey (DHS 2001-02), the Zambian Sexual Behavior Survey (ZSBS 1998, 2000) and the HIV and Syphilis Sentinel Surveillance (partial data from 1994, 1998, 2002), conducted at antenatal care clinics.

The most recent national population-based study, the Demographic and Health Survey (DHS) for 2001/02, documents an HIV infection rate for women at 18% and men at 13%. There also appear to be marked differences in HIV infection between urban and rural populations. The DHS results document a national average of 11% in rural areas, compared to 23% for urban populations. Among rural areas, however, there is a significant diversity in infection rates. Women in both urban and rural areas continue to have higher rates of infection.

Findings from the Zambia Sexual Behavior Surveys between 1998 and 2000 show encouraging signs of behavior change, both male and female youth are delaying the onset of sexual activity. Among 15-20 year olds, the median age of initiating sexual activity increased from 16.7 to 17.9 years for males and 16.4 to 17.4 years for females. Among 15-49 year olds, the surveys measured a decline in the proportion of sexually active persons having sex with a non-regular partner in the previous 12 months of the surveys, from 38% to 31% among men and from 20% to 16% among women. For the same age group, the surveys documented an increase in condom use among sexually active persons

having a non-regular partner within the last 12 months from 29% to 41% among men and from 19% to 33% among women. Annual condom sales show positive program efforts with 8.6 million sold in 2000 and 10.1 million sold in 2001 and 2002.

IV.D.2. Government of Zambia and the Multisectoral National HIV/AIDS Strategy

In response to the HIV/AIDS epidemic, the GRZ established the National AIDS Control Program in 1986 and the First Medium Term Plan (1988-92) to address HIV/AIDS was developed in the mid-1980s. A second Strategic Plan (1992-97) addressed HIV/AIDS prevention challenges and STI control. A third Strategic Plan, developed in 1997, guided the government's multisectoral response to HIV/AIDS from 1999-2001. This plan has been amended as a five-year HIV/AIDS Strategic Plan for 2000-2004, which was finalized in 2000 as the Zambian National HIV/AIDS Strategic Framework. The plan is being implemented through partnerships between the public and private sectors and non-governmental organizations.

Formal cost estimates for implementing the national framework were developed and shared with all partners. The National AIDS Bill, passed by Parliament in late 2002, formally recognized the establishment of the National AIDS Council and the AIDS Secretariat (NAC).

The GRZ has also recognized HIV/AIDS as a national priority in the Poverty Reduction Strategy Paper (PRSP, 2002). Priority areas in the PRSP include activities such as expanded VCT+ and PMTCT services, the provision of ARVs through public sector clinics and improved management of sexually transmitted infections, TB and opportunistic infections.

Multisectoral HIV/AIDS activities in Zambia are now coordinated through the National AIDS Council and the AIDS Secretariat (NAC). The NAC is responsible for national leadership, coordination, policy guidance and resource mobilization within all sectors of society. There are nine technical working groups under NAC on key thematic topics. The management of HIV/AIDS clinical service delivery is the responsibility of the Central Board of Health (CBoH).

Officially, the CBoH hopes to scale up HIV/AIDS clinical services to the provincial level, creating Centers of Excellence in each of the nine provinces. From the provincial level, the government plans to continue this expansion to all 72 districts. The current provision of HIV/AIDS clinical services are at different stages within the national plan for scale up.

IV.D.3. Activities Implemented by USAID/Zambia (CSP 1998-2003) in Support of the Government of Zambia's Multisectoral National HIV/AIDS Strategy

During the early phases of the HIV/AIDS epidemic, USAID/Zambia activities were primarily directed on prevention. Early HIV/AIDS programs focused on awareness and prevention education among youth, high risk groups and highly mobile sub-populations. From 2000, with the availability of USAID program funds for Rapid Response Countries, USAID/Zambia was able to expand its HIV/AIDS activities to include clinical care and mitigation. In addition, significant activities in both prevention and mitigation have been

carried out through all Mission sectoral programs to include multisectoral HIV/AIDS activities.

HIV/AIDS activities funded through the former population, health and nutrition (PHN) strategic objective (SO3) supported national, community and district-level interventions. At the national level, USAID/Zambia's worked with the NAC, CBoH, civil society organizations and cooperating partners to shape the national response to HIV/AIDS.

IV.D.4. Activities Implemented by USAID/Zambia (CSP 2004-2010) in Support of the Government of Zambia's Multisectoral National HIV/AIDS Strategy

Under the new CSP (2004-2010), HIV/AIDS activities, formally implemented under SO3, will be split between the new PHN strategic objective (SO7) and the multisectoral HIV/AIDS prevention and mitigation strategic objective (SO9). Additional multisectoral HIV/AIDS activities will also be implemented throughout all the strategic objectives in the Mission - private sector and agriculture, education and democracy and governance.

IV.D.4.1 HIV/AIDS activities to be continued or expanded in SO7 under this Cooperative Agreement Program:

***Voluntary Counseling and Testing (VCT)* –** In August 2000 the GRZ, in collaboration with NORAD, JICA, and USAID/Zambia, began to explore ways to combine available resources to expand opportunities for Zambians to seek counseling and to learn about their HIV status. The VCT Partnership was formed as a collaboration between government, NGOs, District Health Management Teams, USAID/Zambia and partners to expand access to high quality VCT in the country and to promote the health and social benefits from knowing ones HIV status. The Partnership has assisted in the development and implementation of the103 VCT sites in government health facilities and NGO-sponsored facilities. Congruent with government objectives and goals, most of the sites are in public health facilities.

Through this Partnership, JICA provided some test kits, USAID/Zambia's cooperating partners provided the monitoring and evaluation technical support and NORAD strengthened laboratory capacity and quality assurance through Zambia VCT Services along with providing seed grants to VCT sites.

USAID/Zambia also supported activities in community mobilization, VCT promotion, counselor training and support for Positive Living Clubs, including training of PLHA's in advocacy skills. KFW is supporting the Society for Family Health in scaling up private New Start clinics in every district by the end of 2004.

HIV/AIDS Treatment, Care and Support - Until recently, ARVs were mainly available in the private sector for a limited number of people due to the high costs of purchasing such drugs. Early in 2003, the GRZ began offering limited quantities of ARVs in two major hospitals, one in Lusaka and another in the Copperbelt region. ARVs will be rolled out in a phased approach with the first phase goal of the GRZ to eventually provide 10,000 persons with ARVs. The Global Fund will likely provide additional resources for ARVs in 2004. The GRZ has issued initial ARV policy guidelines, but extensive training of clinical staff and the systems to provide support for ARV treatment are still required.

Formal criteria for ARV eligibility have been formalized to include (1) HIV positive women in PMTCT programs; (2) post-exposure health workers; (3) rape survivors; and (4) those providing general clinic care. There is current discussion indicating that priority will be given to pregnant mothers and their partners where appropriate. Zambia has one PMTCT Plus program, supported through private partners, in Lusaka that began in mid 2003 that has already initiated the lifelong provision of ARVs to pregnant women and their spouses. The new World Bank ZANARA project will also support PMTCT Plus services.

A national strategic plan for comprehensive treatment, care and support has been drafted and is currently under expansion. USAID/Zambia has been working closely with the GRZ in the development of new national guidelines on HIV/AIDS treatment and the draft will be disseminated in late 2003.

USAID/Zambia and its implementing partners in HIV/AIDS continue to build on their work carried out in 2002 and early 2003 in conjunction with the National Technical Working Group on Treatment and Vaccines, the Central Board of Health and the National AIDS Council. In developing its successful Global Fund proposal for HIV expansion in January – February 2002, Zambian government and NGO partners worked with the technical support of the USAID and its partners on the further development of feasible models and plans for HIV/AIDS treatment, care and support.

Prevention of Mother-to-Child Transmission (PMTCT) - Initial efforts by the GRZ to address PMTCT began in 1999, with the support of cooperating partners including USAID/Zambia, through pilot, demonstration and research programs, located within public health facilities, in a limited number of target districts. These programs have continued to grow with 74 health facilities, in four provinces, currently offering PMTCT services including the provision of ARV prophylaxis, primarily Nevirapine (NVP).

The GRZ through the Ministry of Health, the CBoH and the NAC has recognized the urgency of identifying practical strategies and expanding PMTCT interventions. The GRZ recently circulated a Strategic Framework and guidelines on the implementation of PMTCT programs in Zambia. The guidance indicates that CBoH is fully prepared to work with partners to achieve greater coverage of PMTCT services throughout the country. The GRZ's vision of PMTCT is an integrated approach that situates PMTCT interventions within maternal and child health (MCH) services and builds upon existing initiatives in Safe Motherhood. The GRZ's call for an integrated approach to PMTCT is congruent with its policies of integrated health services and the incorporation of new, innovative approaches within the existing national health structures.

USAID/Zambia has been supporting (PMTCT) programs in four provinces following a three-year pilot program in the Copperbelt Province. The intervention offered a comprehensive package of antenatal services including access to Nevirapine, accompanied by infant feeding counseling, community support and male involvement. USAID-supported PMTCT services have expanded dramatically, increasing from 6 to 25 sites and from 1 to 4 provinces. PMTCT data shows that 52% of women attending antenatal clinics currently receive PMTCT services including VCT. NVP has been

incorporated into the minimum package of PMTCT services. Training on NVP use has been conducted for all key clinic personnel in participating facilities.

IV.D.4.2 HIV/AIDS activities to be continued or expanded in SO7 under other USAID implementation arrangements:

a. Behavior Change Communication (BCC) and Community Mobilization activities - A USAID/Zambia behavior change communication (BCC) program entitled, "Helping Each Other to Act Responsibly Together" (HEART) targets youth nationwide. This mass media campaign stresses the ABC's, "**A**bstain from and delay sex until marriage"; "**B**e faithful to one partner" or "avoid multiple sex partners"; and "use **C**ondoms as the best existing barrier method protection against HIV/AIDS".

   The Mission also sponsors youth-managed activities, including events for youth under Africa Alive, and collaboration with the Peace Corps/Zambia in funding community youth football camps with a focus on HIV/AIDS, STI, and pregnancy prevention. Implementing partners have also led the way in adolescent reproductive health programs that stressed HIV/AIDS and pregnancy prevention.

   USAID/Zambia is working to support community youth centers that focus on HIV/AIDS prevention, skill-building and healthy life-styles. USAID/Zambia supported an operations research study, "Involving Young People in the Care and Support of PLHA in Zambia" on the role of youth in care and support.

b. Social Marketing - The social marketing of male condoms has been supported by USAID/Zambia since 1992. Social marketing has achieved national distribution of condoms and other products through major grocery and retail stores. In the last three years the female condom has also been added. CSM targets youth and the general population, marketing condoms through wholesalers and through non-traditional outlets such as bars, *ntemba* (kiosks), guest houses and nightclubs.

IV.D.3.3 HIV/AIDS activities in be continued or expanded under SO9:

a. Orphans and Vulnerable Children (OVC) - Care and support of OVCs is a key component of mitigating the effect of the epidemic on Zambia society. At the community level, the USAID/Zambia-supported SCOPE program provides assistance to children and families hardest hit by the epidemic by creating economic safety nets and providing psychosocial support. In collaboration with UNICEF, USAID/Zambia's implementing partners provide technical assistance to an annual OVC conference for Zambia collaborators.

b. High Risk groups -In targeting high-risk sub-populations, USAID/Zambia has invested considerable resources in its Cross Border Initiative (CBI) for reduction of HIV and STI transmission rates among truck drivers and commercial sex workers. The initiative includes a USAID regional initiative "Corridors of Hope", and a USAID/Zambia bilaterally-funded program at six border sites and one internal railway site.

c. People Living with HIV/AIDS (PLHA), Human Rights and Stigma - USAID/Zambia has worked to strengthen the involvement of PLHAs in all aspects of strategic planning and program implementation. USAID/Zambia works closely with the Network of Persons Living with HIV/AIDS on institutional strengthening, including instituting monthly debates on critical issues surrounding HIV/AIDS. USAID/Zambia has been assisting in the establishment of a referral center in Lusaka to assist PLHAs who have experienced human rights abuses. USAID/Zambia has also supported efforts to address issues of social stigma in the community among PLHAs. Zambia participated in a four-country study on NGO involvement with PLHAs, which found that hiring PLHAs, as NGO management staff, was one of the most effective approaches to reducing social stigma in these organizations and the communities being served.

d. USAID/Zambia has expanded its work with faith-based partners, which began in 1996 through community and district level initiatives. Congregations of all religions currently partner with the NAC and USAID/Zambia. Faith-based fora bring together leaders and community members to plan prevention and mobilization activities.

e. In 2003, USAID/Zambia began new care and support activities centered in communities. This experienced partner is working with community partners such as the Catholic Diocese and Salvation Army to improve home-based care.

IV.D.6. Role of Other United States Government (USG) Organizations

USG agencies' HIV/AIDS activities in Zambia support the President Bush's Emergency Plan for AIDS Relief and his International Mother and Child HIV Prevention Initiative. Other USG agencies supporting HIV/AIDS interventions include the US Embassy, the Peace Corps and the Centers for Disease Control and Prevention (CDC).

The CDC is primarily involved in tuberculosis (TB) control, sexually transmitted infection (STI) training, and technical support for HIV/AIDS and STI national surveillance. Their activities include improving laboratory infrastructure and quality assurance of TB services, implementation of the DOTS for TB, strengthening clinical management of STIs through training and support to the National Technical Working Groups and technical support to the national surveillance team.

Through the PMTCT Presidential Initiative, the CDC has expanded their activities through support to the GRZ for PMTCT expansion. Their activities include the introduction of PMTCT into three-five additional health clinics, the training of personnel within these facilities, the purchasing of essential supplies, the renovation of existing clinics and technical assistance in monitoring and evaluation.

In order to ensure that USAID funded technical assistance and program support achieves the greatest impact, the Mission and all implementing partners agree that the following principles will guide implementation of our activities in Zambia:

Principles of Conduct

1. We are here to support the implementation of the Zambian health reforms vision : access to cost effective and quality services, as close to the family as possible.

2. We strive to improve the existing services and systems and not to create parallel ones. We commit ourselves to listening to the needs of government and civil society and we try to respond to those needs.

3. We strive to ensure maximum ownership of the programs we initiate together with our institutional partners - be they public or private-, so that sustainable results and strengthened leadership are two of their key outcomes.

4. We will ensure that our Zambian partner institutions take the lead in calling meetings, in hosting disseminations, and in issuing reports.

5. We endorse the concept of advisors working in the background without need for visible recognition.

6. We pay special attention to the need for transparent information with regard to program costs to be given to our partner institutions.

7. We will be cost effective in the use of USAID funds so that Zambia will benefit maximally from our project resources.

8. We will spare no efforts in coordinating effectively amongst ourselves so that none of our interventions results in needless duplication.

9. We will continuously keep our focus on results and on impact so that our aid will have real impact on Zambian lives.

10. We will foster innovation, mindful of the different contexts that may call for stability or continuity, and we will expect innovative approaches to be cutting edge, primarily within the contexts in which they will be embedded. Our mistakes will be there to learn from, and not to be repeated.